

Record/FILE ON DEMAND

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEVADA**

FILED	RECEIVED
ENTERED	SERVED ON
COUNSEL/PARTIES OF RECORD	
JAN 3 - 2022	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: _____	DEPUTY

Mark Clifford Sykes,  Plaintiff(s),  v.  LAS VEGAS METROPOLITAN POLICE DEPARTMENT et al.,  Defendant(s).	Case No.: 2:21-cv-01479-RFB-DJA  <b>NOTICE TO THE COURT</b>
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Comes now Plaintiff, **Mark Clifford Sykes**, above the age of 18, of the age of the majority, with the exercise of any and all of his natural reserved and retained secured rights hereby respectfully presents to this court a copy of the amended Summons and the Form USM-285 to be served against all the defendants to this case including the 2 defendants (Officer Smith and NCIC) that have been recently discovered after the filing of my amended complaint. I have included all 10 of the above referenced documents with this Notice. Dated this 3rd day of January 2022.

RESPECTFULLY PRESENTED,

"Without Prejudice"

Mark Clifford Sykes  
Mark Clifford Sykes, "proper name" pursuant to Title 18, sec. 1342  
All Natural Rights/ Constitutional Rights "explicitly" Reserved and Retained  
c/o P.O. Box 91614  
Henderson, via Nevada Republic, Zip Exempt [89009]  
email: windsorsykes@yahoo.com  
ph. 702-986-1864

AO 440 (Rev. 06/12) Summons in a Civil Action

**UNITED STATES DISTRICT COURT**

for the

District of Nevada

Mark Clifford Sykes, Sui Juris

\_\_\_\_\_  
*Plaintiff(s)*

v.

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

\_\_\_\_\_  
*Defendant(s)*

Civil Action No. 2:21-cv-01479-RFB-DJA

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY  
NEVADA

400 S. Martin L. King Blvd.  
Las Vega, Nevada, 89106

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Signature of Clerk or Deputy Clerk

for the

**Mark Clifford Sykes, Sui Juris**

Plaintiff(s)

V.

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

Defendant(s)

Civil Action No. 2:21-cv-01479-RFB-DJA

To: (Defendant's name and address) Officer S. Hunt badge number P#17602

400 S. Martin L. King Blvd.  
Las Vega, Nevada, 89106

**A lawsuit has been filed against you.**

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Clifford Sykes

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

**If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.**

CLERK OF COURT

Date: \_\_\_\_\_

Signature of Clerk or Deputy Clerk

for the

**Mark Clifford Sykes, Sui Juris**

Plaintiff(s)

v.

**LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.**

Defendant(s)

Civil Action No. 2:21-cv-01479-RFB-DJA

To: (Defendant's name and address) Officer Smith badge number P# 9643

400 S. Martin L. King Blvd.  
Las Vega, Nevada, 89106

**A lawsuit has been filed against you.**

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Clifford Sykes

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

**If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.**

CLERK OF COURT

Date: \_\_\_\_\_

Signature of Clerk or Deputy Clerk

for the

**Mark Clifford Sykes, Sui Juris**

Plaintiff(s)

**v.**

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, et al.

Defendant(s)

Civil Action No. 2:21-cv-01479-RFB-DJA

**To:** *(Defendant's name and address)* Sheriff Joseph Lombardo  
400 S. Martin L. King Blvd.  
Las Vega, Nevada, 89106

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark Clifford Sykes  
700 E. 1st St., Suite 210  
Denver, CO 80202  
Tel: 303.733.1111

Mark Clifford Sykes  
P.O. Box # 91614  
Henderson, Nevada [89009]

**If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.**

**CLERK OF COURT**

Date: \_\_\_\_\_

Signature of Clerk or Deputy Clerk

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce, Propria Persona, Sui Juris		COURT CASE NUMBER 2:21-cv-01479-RFB-DJA	
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;		TYPE OF PROCESS Civil	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Sheriff Joseph Lombardo ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 S. Martin L. King Blvd. Las Vega, Nevada, 89106		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	5
Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]		Number of parties to be served in this case	5
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Las Vegas Metropolitan Police Department  
(702) 828-3111  
Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 11/13

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
Mark Clifford Sykes, Propria Persona, Sui Juris

COURT CASE NUMBER  
2:21-cv-01479-RFB-DJA

DEFENDANT

LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;

TYPE OF PROCESS  
Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Officer Smith badge number P# 9643  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Mark Clifford Sykes,  
c/o P.O. Box # 91614  
Henderson, Nevada [89009]

Number of process to be  
served with this Form 285

5

Number of parties to be  
served in this case

5

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Las Vegas Metropolitan Police Department

(702) 828-3111

Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Signature of <sup>Plaintiff</sup> Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

702-986-1864

DATE

01/03/2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

**\$0.00**

REMARKS:

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
Mark Clifford Sykes, Propria Persona, Sui Juris

COURT CASE NUMBER  
2:21-cv-01479-RFB-DJA

DEFENDANT

LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;

TYPE OF PROCESS  
Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
OFFICER S. Hunt P#17602  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Mark Clifford Sykes,  
c/o P.O. Box # 91614  
Henderson, Nevada [89009]

Number of process to be  
served with this Form 285 5

Number of parties to be  
served in this case 5

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Las Vegas Metropolitan Police Department

(702) 828-3111

Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff  
Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

702-986-1864

DATE

01/03/2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 11/13

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
National Crime Information Center Criminal Justice Information Services (CJIS) Division  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1000 Custer Hollow Road, Clarksburg, West Virginia 26306

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Mark Clifford Sykes, c/o P.O. Box # 91614 Henderson, Nevada [89009]	Number of process to be served with this Form 285	5
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

email: ioau@fbi.gov  
Hours of Service: 9:00 a.m. - 5:00 p.m.  
Telephone: (304) 625-2000

Plaintiff Signature of Attorney other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 61-03/2022
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Mark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA
DEFENDANT LAS VEGAS METROPOLITAN POLICE DEPARTMENT of CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Las Vegas Metropolitan Police Department  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 400 S. Martin L. King Blvd. Las Vega, Nevada, 89106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <div style="border: 1px solid black; padding: 5px; margin: 5px;">         Mark Clifford Sykes,          c/o P.O. Box # 91614          Henderson, Nevada [89009]       </div>	Number of process to be served with this Form 285	5
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Las Vegas Metropolitan Police Department  
 (702) 828-3111  
 Hours of Operation M-F from 7:00 a.m. to 6:00 p.m., Saturday & Sunday from 8 a.m. to 5 p.m.

Plaintiff Signature of Attorney or other Originator requesting service on behalf of: <i>Mark Clifford Sykes</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 702-986-1864	DATE 01/03/2022
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	No. _____	No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </table>	Date	Time		<input type="checkbox"/> am <input type="checkbox"/> pm
Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED